



500 W Main St  
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405-354-1895  
405-350-8909 fax  
[customerservice@cityofyukonok.gov](mailto:customerservice@cityofyukonok.gov)  
[www.cityofyukonok.gov](http://www.cityofyukonok.gov)

## REQUEST TO TURN OFF SERVICE

*This form is for customers who wish to terminate their current service.  
Two forms of identification are required; at least one must be a photo I.D.*

Name on Account \_\_\_\_\_

Service Address \_\_\_\_\_

Date service to be disconnected (Monday through Friday) \_\_\_\_\_

Forward Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone Number(s) to call if needed: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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If you cannot submit this form in person, we will accept a fax, e-mail or mailed completed form.  
Please include a legible copy of your I.D. and have this form notarized.

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NOTARY STAMP OR SEAL

Notary Public \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed before me this \_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_